**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZA	ATION		
i Oitiui i	(See instruction	ns)		Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Wexler & Wal	ker Public Policy Associates PAC	(a unit of Hill & Knowlto-		
ADDRESS (number and	street) 1317 F Street NW			
(Check if address is changed)	Suite 600			
	Washington		DC	20004
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	ALL ADDRESS (Please provide only one e-r	,		
(Check if address X is changed)	s goplerud@wexlerwal	ker.com 		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	www.wexlerwalker.co	om 		
2. DATE <b>M</b>	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	ATION NUMBER	C C00248195		
4. IS THIS STATE!	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam	nined this Statement and to the best of my know	wledge and belief it is true, correct a	nd complete	
Type or Print Name of	Treasurer Mary Tripp			
Type of Trint Name of				
Signature of Treasure	r Electronically Filed by <b>Mary Tripp</b>	<u> </u>	Date 03	24 2009
NOTE: Submission of fa	alse, erroneous, or incomplete information may		·	es of 2 U.S.C. S437g.
	ANY CHANGE IN INFORMAT	FION SHOULD BE REPORTED	WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)